Submission from the COSA Primary Care working group to the Australian Cancer Plan

The Clinical Oncology Society of Australia (COSA) is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients. This submission is made on behalf of the COSA Primary Care working group to inform the Australian Cancer Plan regarding primary care considerations across the cancer continuum.

1. What would you like to see the Australian Cancer Plan achieve?
   Think ahead to the next 10 years. What do you want the Australian Cancer Plan to achieve? Think big – what transformational change(s) should we be aiming to influence?

In 10 years, we would like to see primary care playing a key role in the care of people with cancer throughout the cancer control continuum, including prevention, screening, early detection, treatment and survivorship, and palliative care. Achieving this vision requires:

- The alignment of primary care component of ACP with 'Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032' (https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/PHC%2010%20Year%20Plan%20%20Consultation%20Draft%20%20October%202021.pdf). This includes ensuring that cancer care taking place in primary care can be effectively delivered and funded through funding reform, such as voluntary patient registration (VPR).
- Health services interventions and collaboration involving specialist cancer services and primary care;
- Improvement in teamwork and communication between specialist cancer services and primary care, including optimised IT systems;
- Greater funding and support for primary care health professionals to help them undertake greater role in preventing and screening for cancer and diagnosing, managing and supporting people with cancer.

Greater involvement of primary care and integration of primary care teams with specialist cancer services could result in:

- People with cancer having easier access to health care services throughout the cancer control continuum, irrespective of physical barriers (disability, time, distance), financial hardship/status, and language or culture. Greater involvement of primary care in cancer care will help reduce barriers to access and allow patients to stay in their community as much as possible.

- The elimination or at least a significant narrowing of the gap in care outcomes for people living with cancer in rural and regional areas compared with their urban counterparts. Many people with cancer living in rural and regional areas will be able to access treatment and

remain within their community, overseen by an effective team consisting of specialist cancer services and primary care.

- People with cancer receiving psychosocial and spiritual support and complex care management by a multidisciplinary team based in primary care.

- Improved quality of life for millions of people with cancer through prevention, identification and effective management of chronic diseases (such as multimorbidity, vascular and degenerative diseases, obesity, cardiotoxicity, sarcopenia) that often share similar risk factors and are exacerbated or accelerated by the effects of cancer and its treatment.

Primary prevention, screening and early detection

- In 10 years, we would like to see primary care playing a major role in primary prevention of cancer, noting the common risk factors between cancer and other chronic diseases. This will be achieved by supporting behaviour change at individual level in primary care practice supported by population health strategies.

- We would also like to see primary care identifying individuals at increased risk of cancer and targeting prevention and early detection, through a combination of genomic testing and intensive multidisciplinary lifestyle interventions.

Primary care and cancer survivorship

- In the next 10 years and beyond, cancer will transition from being a death sentence to being a chronic disease for many people. Millions of Australians will live years and decades after successful cancer treatment and it will no longer be sustainable nor appropriate that all of this care is provided in the secondary or tertiary setting. We need to build capacity in primary care providers (i.e GPs, primary health care nurses, allied health professionals (AHP)) to sustainably support the needs of millions of people with cancer. Much of this will be in the form of psychosocial and spiritual support and complex care management, including the care of multimorbidity which is becoming more prevalent in cancer survivors. In ten years we would like to see the needs of people with cancer being met in a robust and well-resourced primary care setting.

- Improving the quality of life for millions of people with cancer cannot be achieved without preventing and/or managing chronic diseases such as vascular and degenerative diseases that often share similar risk factors and are exacerbated or accelerated by the effects of cancer and its treatment. In ten years we would like to see research and funding that supports the optimal management of chronic disease that is exacerbated or caused by cancer and its treatments e.g. sarcopenia, obesity, cardiotoxicity.

- Similarly, greater attention is required in the psychological, social and spiritual aspects of the 'biopsychosocial-spiritual model' of health and illness in cancer care, and primary care should play a key role in addressing these concerns. In 10 years we would like to see research and funding that supports the optimal psychosocial and spiritual wellbeing of people with cancer including initiatives that help caregivers and address financial toxicity.

- A sustainable, effective multi-disciplinary team approach is required to assess and address the needs of people with cancer within the primary care setting. To date, cancer care has centred around tertiary care in major centres, yet in addition to the very important tertiary care, there is a need to shift the focus to primary care, keeping people as well as possible

and supporting people to die in their preferred setting (usually home). General practices specifically need the support to help those affected by cancer seek the services they require. This includes providing general practices with the required resources to be patient advocates, helping patients navigate and access the services available to them in their respective areas/localities.

2. What are the opportunities with the greatest potential to realise your vision?
Think about what you would like the Australian Cancer Plan to achieve. What priorities need national action? In what areas could national action drive or accelerate progress?

Primary care cancer researchers should be supported and funded to conduct research particularly in two areas:

- Development and conduct of clinical trials across the cancer continuum but especially relating to prevention, early detection, implementation of new models of survivorship and collaborative models of palliative care including in rural and regional areas; and

- Linking primary care data to clinical, genomic and registry data to allow the study of the impact of patterns of care on clinical outcomes.

Primary prevention

- Greater investment is required to promote primary prevention strategies (such as healthy lifestyle), to reduce downstream effects on cancer as well as other comorbidities. This is particularly important in survivors of childhood cancer, who have potentially 7 or more decades of life ahead and have elevated risk for many serious health conditions. These patients require resources best accessed through primary care settings to foster healthy lifestyle and other preventative measures.

Screening and early detection

- A shift towards risk stratified cancer screening and away from a one size fits all model of cancer screening. A national lung cancer screening program will be the first example of this but potentially this model could expand to other cancer screening programs including breast, colorectal, prostate and melanoma. Primary care providers provided with support and funding to integrate these models into their practice and play a key role in ensuring equitable uptake of cancer screening, increasingly based on underlying cancer risk.

- Even in the presence of cancer screening programs, most people with cancer will still be diagnosed as a result of presenting to primary care with symptoms. In the next ten years we would like to see primary care using newly developed biomarker tests to triage patients who may have cancer and determine who requires further prompt investigation. In addition, artificial intelligence (AI) based algorithms embedded in the general practice electronic medical records system will add to approaches to identify patients with cancer earlier. Primary care health professionals will have support and funding to implement these new approaches to supporting earlier detection.

- While we currently perform well in international terms in indicators of early detection, there remain significant inequities within Australia, partly due to our complex public/private system, challenges in meeting the health needs of rural and remote populations and differential access to timely diagnostics. We would like to see further development and implementation of optimal care pathways, particularly for less common cancers with poor

prognosis are required (e.g. upper GI cancers) to clarify routes to prompt diagnosis at high volume centres of excellence.

Cancer survivorship and shared care

- Greater investment in shared care and systems enabling timely and dynamic communication and teamwork between hospital-based cancer centres and community-based general practices, non-GP specialists, and allied health professionals. The important and growing role of primary care in cancer care needs emphasis and focus. Primary care professionals need to be recognised and included as important members of the multidisciplinary team. There is the need for more clarified role definitions in cancer care. Multidisciplinary team members require an enhanced understanding of their role within the care team that is more standardised and understood generally by all team members. Care pathway guidelines would help to support this, that can then be personalised for the individual. Greater integration with MyHealthRecord including the possibility of further developing this platform to hold shared care plans for cancer (and other chronic diseases). Reducing barriers in the health system and inertia in the way health professionals cross-communicate may bring a real change to the delivery of cancer care.

- Greater investment is required to support primary care in remaining involved in the care of patients undergoing active cancer treatment. Currently many cancer patients especially in the paediatric and AYA age group, lose contact with their general practice team while on treatment, and this acts as a barrier to benefitting from primary care in the survivorship period.

- Greater investment is required in primary health care, including remuneration and training for general practice nurses, to enable them to take a greater role in cancer survivorship care coordination. GPs also require appropriate incentives and funding to oversee potentially complex chronic disease management and survivorship care. The lack of funding extends beyond people with cancer and affects millions of other people with multimorbidity and complex medical conditions, and the current situation is not sustainable. Government recognition and action regarding this is urgently needed.

- In addition to investment in general practices, there is a need to boost community health funding to utilise the chronic disease management expertise within the public primary healthcare setting and build on existing workforce capabilities to support preventable decline and better health management for cancer survivors.

- Increased healthcare subsidy for people with cancer and other complex medical conditions through the chronic disease management plan to at least 10 rebated sessions per year as well as the expansion of group-based allied health services. Hundreds of types of cancer exist across the entire lifespan that are diverse in physical and psychosocial consequences, often with multiple morbidities / chronic illnesses in addition to cancer. The current limit of 5 subsidised sessions per year is totally inadequate at present. To enact sustained health behaviour change and facilitate self-management, more than 5 sessions are needed.

Palliative care

- Further research is required to develop and trial models of shared care in palliative care involving specialist palliative care services and primary care. This is particularly important in rural and regional areas, and in the provision of after-hours palliative care services.

Improved access to palliative medications after-hours, and rapid deployment of home support services will assist more people to die at home.

3. What examples and learnings can we build on as we develop the Australian Cancer Plan? *Think about great examples of work within or outside the cancer sector in Australia and internationally. How can we learn from these examples and build on them to improve cancer outcomes and experience for all Australians?*

How can we help?
The members of the COSA Primary Care working group have been heavily involved into research and/or implementation of many innovative models of care for cancer patients across the cancer control continuum. We are available for further discussion about any aspects of this submission.

Examples and learnings that could assist in the development of the Australian Cancer Plan:

- The expanding role of primary care in cancer control. An important commissioned paper that describes the valuable contribution that primary care can have on cancer care. https://doi.org/10.1016/S1470-2045(15)00205-3

- The important role of general practice in the care of cancer survivors https://www1.racgp.org.au/ajgp/2020/may/general-practice-care-of-cancer-survivors

- PC4 Principles Statement: Shared Care http://pc4tg.com.au/wp-content/uploads/2016/07/PC4-Principles-Statement-shared-care-2016-1.pdf

- Survivorship care in general practice: supporting patients to live well. Resource sheet for general practice developed by the Australian Cancer Survivorship Centre (Peter Mac). https://www.petermac.org/sites/default/files/media-uploads/ACSC_HPFactsheet_GeneralPractice.pdf

- Implementation science papers between specialist and exercise provider for people with cancer
https://pubmed.ncbi.nlm.nih.gov/32495410/
https://pubmed.ncbi.nlm.nih.gov/33036627/
https://pubmed.ncbi.nlm.nih.gov/34510366/

- Paper calling for referral practices to exercise professionals to be improved for people with cancer
https://onlinelibrary.wiley.com/doi/abs/10.1111/ajco.13594

- Service mapping of supportive care services in Australia highlighting gaps https://onlinelibrary.wiley.com/doi/abs/10.1111/ajco.13575

- Multi-disciplinary oncology rehabilitation (https://www.petermac.org/research/clinical-research/clinical-research/cancer-allied-research/nutrition-research-0)

- Referral pathway from hospital-based oncology service to a multi-disciplinary community-based health service. A small pilot study published 2018-19. Recent expansion to include 3 additional CHS's in Eastern Region of Melbourne during 2020-21 with further evaluation due

June 22. https://pubmed.ncbi.nlm.nih.gov/31707565/

- A study from the ANZCHOG Survivorship Study Group, which concluded that improved communication and greater primary care involvement during treatment/early survivorship may help overcome survivors' and parents' low confidence in primary care providers. Primary care providers are willing but require clear guidance from tertiary providers. Signorelli C, Wakefield CE, Fardell JE, Foreman T, Johnston KA, Emery J, Thornton-Benko E, Girgis A, Lie HC, Cohn RJ; Anzchog Survivorship Study Group. The Role of Primary Care Physicians in Childhood Cancer Survivorship Care: Multiperspective Interviews. Oncologist. 2019 May;24(5):710-719. doi: 10.1634/theoncologist.2018-0103. Epub 2018 Aug 31. PMID: 30171066; PMCID: PMC6516111.

- Royal Australian College of General Practitioners Standards for Patient-Centred Medical Homes. A modification of this model is likely to become the standard for how general practices operate in the medium to long term. https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Patient-centered-medical-homes.pdf

- Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032. Consultation paper by the Australian Government Department of Health (https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/PHC%2010%20Year%20Plan%20%20Consultation%20Draft%20%20October%202021.pdf).